

Office of Health Care Assurance

State Licensing Section

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Fajotina E-ARCH	CHAPTER 100.1
Address: 94-438 Hoaeae Street, Waipahu, Hawaii 96797	Inspection Date: September 20, 2019 Annual

**THIS PAGE MUST BE SUBMITTED WITH YOUR**

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

10/12/19 11:00 AM

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><b>FINDINGS</b> Resident #1, admitted to ARCH on 8/30/19. Primary care giver training for substitute care givers (8/30/19) is not consistent with physical examination (PE) dated 8/3/19:</p> <ol style="list-style-type: none"> <li>1. Encourage mental and physical exercises</li> <li>2. Encourage good sleep hygiene</li> <li>3. Encourage safety related to wandering and falls</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="font-size: 1.2em;"><i>PCG always give training to SCG on the day of Admission. 8/30/19.</i></p> <p><i>Note:</i> <i>Client admitted on 8/30/19 NOT 8/3/19</i></p> <p style="text-align: right;"><i>OK per JL</i></p>	<p style="font-size: 1.5em;"><i>9/21/19</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (f)(2) The substitute care giver who provides coverage for a period greater than four hours in addition to the requirements specified in subsection (e) shall:</p> <p>Be able to provide personal care to the residents, including bathing, dressing, transferring, feeding, and transporting residents, and be able to provide care as stipulated in the schedule of activities or care plan;</p> <p><b>FINDINGS</b> Resident #1, admitted to ARCH on 8/30/19. Primary care giver training for substitute care givers (8/30/19) is not consistent with physical examination (PE) dated 8/3/19:</p> <ol style="list-style-type: none"> <li>1. Encourage mental and physical exercises</li> <li>2. Encourage good sleep hygiene</li> <li>3. Encourage safety related to wandering and falls</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>① Resident #1 admitted on 8/30/19</p> <p>② PCG always give training to all SCG on the day of admission.</p> <p style="text-align: right;">OK per JL</p>	<p style="text-align: right;">9/21/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition</u>. (1)  Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u>  Resident #1, no special diet order available; however, primary care giver is <b>modifying the texture of food.</b></p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</b></p> <p>① called the physician and made Appt to <del>re-assess</del> re-assess diet</p> <p>② MD changed diet to Regular diet, (soft food)</p> <p>③ Have MD sign the order</p> <p>④ File Physician Notes to client's folder</p>	<p style="text-align: center;">9/26/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-13 <u>Nutrition.</u> (1) Special diets shall be provided for residents only as ordered by their physician or APRN. Only those Type I ARCHs licensed to provide special diets may admit residents requiring such diets.</p> <p><u>FINDINGS</u> Resident #1, no special diet order available; however, primary care giver is <b>modifying the texture of food.</b></p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>If I noticed of changes diet, I will consult to the Doctor.</p> <p>If I need help I will contact OHA nutritionist.</p>	<p style="text-align: right;">2/11/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications.</u> (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1, medication ordered (8/3/19) not available. Order reads, "Caltrate 600 Plus, 600 mg calcium – 800 unit – 50 mg oral tablet take 1 every morning" and "Vit D-3, 2,000 unit oral capsule take 1 capsule daily". No medication.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I confirmed with MD this medication was discontinued. upgraded order was on file.</i></p>	<p style="text-align: center;"><i>2/11/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><b><u>FINDINGS</u></b> Resident #1, medication ordered (8/3/19) not available. Order reads, "Caltrate 600 Plus, 600 mg calcium – 800 unit – 50 mg oral tablet take 1 every morning" and "Vit D-3, 2,000 unit oral capsule take 1 capsule daily". No medication.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>When I received Doctor's order I will review it before leaving the office. If I received the order later I will reviewed it right away. If I couldn't I will review in 2 days.</p>	<p style="text-align: right; font-size: 2em;">2/11/2020</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, afternoon activity not consistent with schedule. Schedule reads, "nap, television, crossword puzzle, socializing in garage, free time". However, television viewing only activity offered between lunch and dinner.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>PCG should offer  any kind of activities  of their choice -</i></p>	<p style="text-align: right;"><i>9/21/19</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-16 <u>Personal care services.</u> (h)  A schedule of activities shall be developed and implemented by the primary care giver for each resident which includes personal services to be provided, activities and any special care needs identified. The plan of care shall be reviewed and updated as needed.</p> <p><b><u>FINDINGS</u></b>  Resident #1, afternoon activity not consistent with schedule. Schedule reads, "nap, television, crossword puzzle, socializing in garage, free time". However, television viewing only activity offered between lunch and dinner.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>In the future if the resident doesn't want to be on the schedule activity then other activity will be offer. I would document their activity in my progress notes at least once a month.</p>	<p style="text-align: right;">2/11/2020</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b>FINDINGS</b>  Resident #1, PCG admission assessment did not address:</p> <ol style="list-style-type: none"> <li>1. Chewing issues pertaining to missing dentures</li> <li>2. Drug allergies</li> <li>3. History of urinary infections</li> <li>4. Signature or resident or legal representative</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>I completed admission assessment form.</i></p>	<p style="text-align: center;"><i>2/11/2008</i></p>

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<input checked="" type="checkbox"/>	<p>5§11-100.1-17 <u>Records and reports.</u> (a)(1)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of primary care giver's assessment of resident upon admission;</p> <p><b><u>FINDINGS</u></b>  Resident #1, PCG admission assessment did not address:</p> <ol style="list-style-type: none"> <li>1. Chewing issues pertaining to missing dentures</li> <li>2. Drug allergies</li> <li>3. History of urinary infections</li> <li>4. Signature or resident or legal representative</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I reviewed admission checklist and then go over when I have admission. I will double check all documents again within 1 week.</i></p>	<p style="text-align: right;"><i>2/11/2020</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b><u>FINDINGS</u></b>  Resident #1, record does not include the names and contact information for the following:</p> <ol style="list-style-type: none"> <li>1. Husband's name and phone number</li> <li>2. Geriatric physician and phone number</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>1) PCG included client's husband phone number.</p> <p>2) Geriatric physician name and contact #.</p>	<p style="text-align: right;">9/21/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (a)(3)  The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:</p> <p>Documentation of date of referral and admission, referral agency with address and telephone number, place or source from which admitted, physician, APRN, dentist, ophthalmologist, optometrist, psychiatrist, and all other medical or social service professionals who are currently treating the resident, next of kin, legal guardian, surrogate or other legally responsible agency;</p> <p><b><u>FINDINGS</u></b>  Resident #1, record does not include the names and contact information for the following:</p> <ol style="list-style-type: none"> <li>1. Husband's name and phone number</li> <li>2. Geriatric physician and phone number</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will review admission checklists and then go over when I have admission. I will double check all documents again with in 1 week.</i></p>	<p style="text-align: right;"><i>2/11/2022</i></p> <p style="text-align: right;">2022 11 11 02.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b>FINDINGS</b> Resident #1, admission PE report reads, "follow-up in two (2) months around 9/30/19". However, no information in the report about efforts to schedule the follow-up appointment.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY.</b></p> <p><i>PCT called physician's office to verify client's next appointment.</i></p> <p style="text-align: center;"><i>OK per JL</i></p>	<p style="text-align: right;"><i>9/21/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (b)(8) During residence, records shall include:</p> <p>Notation of visits and consultations made to resident by other professional personnel as requested by the resident or the resident's physician or APRN;</p> <p><b><u>FINDINGS</u></b> Resident #1, admission PE report reads, "follow-up in two (2) months around 9/30/19". However, no information in the report about efforts to schedule the follow-up appointment.</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p style="font-size: 1.2em;">Always check and find out when is the next appointment and document for the record.</p>	<p style="font-size: 1.2em; text-align: right;">9/21/19</p> <p style="text-align: right;"><del>10/1/19</del> 10/1/19</p> <p style="text-align: right;">19 SEP 21 10 41 AM '19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e)            In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b>FINDINGS</b>            Resident #1, Emergency Information Form incomplete:</p> <ol style="list-style-type: none"> <li>1. PCG listed as the second emergency contact</li> <li>2. No contact information for resident's husband</li> <li>3. No contact information for resident's son</li> <li>4. No information about advance directives</li> <li>5. No information about eye glasses</li> <li>6. No information about allergies. For example, allergic to "Fosamax" and "Galanatamine".</li> <li>7. Medication list is not current for "Melatonin".</li> </ol>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>PCG changed the Emergency Information already included:</i></p> <ol style="list-style-type: none"> <li>1) information about husband and</li> <li>2) eye glasses and</li> <li>3) meds allergies and</li> <li>4) current medications.</li> </ol>	<p style="text-align: center;"><i>9/21/19</i></p>



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<input checked="" type="checkbox"/>	<p>§11-100.1-17 <u>Records and reports.</u> (e) In the event of an emergency, an oral summary of the resident's condition shall be provided to the receiving facility, followed by a written transfer summary.</p> <p><b><u>FINDINGS</u></b> Resident #1, Emergency Information Form incomplete:</p> <ol style="list-style-type: none"> <li>1. PCG listed as the second emergency contact</li> <li>2. No contact information for resident's husband</li> <li>3. No contact information for resident's son</li> <li>4. No information about advance directives</li> <li>5. No information about eye glasses</li> <li>6. No information about allergies. For example, allergic to "Fosamax" and "Galanatamine".</li> <li>7. Medication list is not current for "Melatonin".</li> </ol>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will reviewed admission checklist and then I go over when I have admission I will double check all documents again in week every time when medication upgraded I will reviewed Emergency form.</i></p>	<p style="text-align: right;"><i>2/11/2022</i></p> <p style="text-align: right;">28:00 11:00 02.</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, no identification of charges for specific services. A range of "\$4,000- \$6,000" is the monthly fee listed in the operational policy. (8/30/19). Below the signatures is written "\$3,000"</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;"><i>made memorandum for the next client's service fee</i></p>	<p style="text-align: center;"><i>9/21/19</i></p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-21 <u>Residents' and primary care givers' rights and responsibilities.</u> (a)(1)(C) Residents' rights and responsibilities:</p> <p>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:</p> <p>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;</p> <p><b><u>FINDINGS</u></b> Resident #1, no identification of charges for specific services. A range of "\$4,000- \$6,000" is the monthly fee listed in the operational policy. (8/30/19). Below the signatures is written "\$3,000"</p>	<p style="text-align: center;"><b>PART 2</b></p> <p style="text-align: center;"><b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p><i>I will use upgraded policy, I would put the specific amount for the private pay and I will obtain residents/ guardian signature</i></p>	<p style="text-align: right;"><i>2/11/2022</i></p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (g)(3)(I)(i) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the Type I home provided that either:</p> <p>For each such non-certified resident there must be a responsible adult on the premises of the home at all times that the non-certified resident is present in the home, and there must never be a stairway which must be negotiated for emergency exit by such non-certified resident;</p> <p><b>FINDINGS</b> PCG providing care for five (5) residents. However, ability of two (2) residents to self preserve does not reflect record. ARCH records read, as follows:</p> <ol style="list-style-type: none"> <li>1. Resident #1 – certified as “self-preserving”; however, required coaching from the PCG.</li> <li>2. Resident #5 - certified as “self-preserving”; however, requires assistance using the walker.</li> </ol> <p>Together with Resident #2, certified “non-self preserving” and bedbound, this ARCH exceeds the number allowed.</p>	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p><i>Resident #1 she seen MD on October MD certified self preserving.</i></p> <p><i>I have only 2 non-preserving in my care home.</i></p>	<p><i>2/11/2020</i></p> <p style="text-align: right;">2020 11 05 02</p>

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Licensee's/Administrator's Signature: *[Signature]*  
Print Name: LILIA FAJOTINA  
Date: 9/27/19

Licensee's/Administrator's Signature: *[Signature]*  
Print Name: LILIA FAJOTINA  
Date: 2/11/2020

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